

County of San Diego – CREST (INN 17)

MHSOAC Approval Date: February 26, 2015

Original Program Dates: Jan 1, 2016 – Dec 31, 2018

Original Budget: \$1,331,919

Original Budget for Evaluation: \$66,596 (5% of total)

1. Primary Problem

Hoarding is particularly dangerous for older adults, who may have physical and cognitive limitations. Basic functioning in the home may be impaired as the acquisition of items prevents the use of rooms for their intended function. One study found that 45% could not use their refrigerators; 42% could not use their kitchen sink; 20% could not use their bathroom sink; and 10% could not use their toilet. Hoarding can present a physical threat due to fires, falling, unsanitary conditions, and inability to prepare food. People who hoard may suffer social impairment due to the unwelcoming state of the home. Older adults may live on a fixed income and suffer from financial problems due to paying for extra storage space, purchasing unneeded items, and/or the cost of house fires. Older adults are at risk for eviction or premature relocation to less desirable housing (International Obsessive Compulsive Disorders Foundation).

2. What Has Been Done to Address Your Primary Problem?

The County of San Diego Health and Human Services Agency Behavioral Health Services (BHS) created an Innovations project called Innovative Mobile Hoarding Intervention Program (IMHIP) with the primary purpose to reduce hoarding behaviors, improve health and safety, quality of life, and housing stability through the provision of evidence-based services to older adults suffering from serious mental illness (SMI) whose hoarding behaviors place them at risk for homelessness. The mobile nature of the project allows for accessibility to services for a population of older adults who tend to be isolated and who have many times lost their social contacts and family connections due to the hoarding behaviors. The eligible population is uninsured, Medi-Cal and or Medi-Cal/Medicare beneficiaries who are 60 and older who meet medical necessity criteria for SMI.

The program name was changed from IMHIP to Cognitive Rehabilitation and Exposure/Sorting Therapy (CREST) Community Program by the contractor (University of California, San Diego) to reflect the treatment paradigm. The program began seeing clients in March 2016 (representing a delay in the launch timeline due to the contracting process). The program currently serves clients living in zip codes in the Central and North Central Regions of San Diego County.

Components of the CREST Community Program include several evidence based practices:

- a) Outreach and education about the program, review of referrals and collaboration with mental health providers, primary care, Aging and Independent Services, Psychiatric Emergency Response Team (PERT), Fire Dept., Vector Control, Code Enforcement, Animal Services, private fiduciaries, professional organizers, etc. Referrals are also accepted from family members.
- b) Screening and hoarding to establish baseline using the Clutter scales and/or other hoarding measures
- c) Using the Screening, Brief Intervention and Referral to Treatment (SBIRT) for Older Adult Prescription/Alcohol misuse
- d) Home-based Exposure/sorting therapy along with adapted Cognitive Behavior Therapy
- e) After-care support group to maintain acquired skills

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- f) Psychoeducation components developed from following possible models such as:
 - a. 24-26 weeks of Cognitive Rehabilitation and skill building
 - b. 15 week support group, graduates become “action group” which follows with intense 8 weeks of active de-cluttering with a clutter buddy

The concept for this program was developed with participation from the Older Adult Council and San Diego Hoarding Collaborative. This program includes the ongoing involvement of clients and family members in roles such as, but not limited to, outreach, implementation, evaluation, and future dissemination. Peer staff are also part of the outreach and treatment team.

Between March 2016 and June 30, 2017, 33 unduplicated clients from the Central and North Central regions of San Diego have been enrolled. One outcome thus far is that of the 33 clients enrolled, there are no evictions. Upon entry into the program, 82% of the clients had multiple eviction risk factors and twenty one were in the process of eviction. The CREST team was able to work closely with landlords and halt the eviction process in these cases.

While completed treatment outcomes are not yet available due to the short amount of time that CREST has been operational, several challenges have arose. The first challenge is the small number of clients involved in the program. The small number is due to program design of serving 30 unduplicated clients annually, well short of the need; with 33 unduplicated clients currently enrolled CREST has exceeded the target of 30 unduplicated clients served annually. Furthermore, of the 149 older adults that contacted the CREST Community Program between March 2016 and June 30, 2017, aside from the 33 clients that were enrolled, an additional 22.5% older adults met diagnostic criteria but were not enrolled due to living outside of the eligible zip codes of the Central and North Central Regions in San Diego County.

3. Primary Purpose/Change Request

- a) Increase the quality of mental health services, including measurable outcomes.
- b) An increase in expenditures, such that more funds are expended than previously approved.

4. The Proposed Change

When the program was initially approved, the design included 30 unduplicated clients in the Central and North Central Regions due to budgetary constraints at that time. It is now requested that CREST be extended for an additional 1.5 years to add more time for data to be included. It is also requested that CREST be expanded countywide to increase its ability to provide services to more clients. Being that the Hispanic/Latino population is the largest minority group in San Diego County (33%) with the South Region having 61% of the population identified as Hispanic/Latino with 19% monolingual Spanish speakers, and 36.5% bilingual it is requested that CREST have bilingual Spanish/English staff to enable the program to implement and test CREST bilingually. East Region has 20% Hispanic population with North Coastal 26% and North Inland 24%. With the regions having a quarter of their population identifying as Hispanic and Spanish being the second largest language provided in services to older adults with serious mental illness we have chosen to include a bilingual (English-Spanish) speaking therapist in our expanded regions to address cultural competency barriers. This request does not include any changes in approved purpose or expected outcomes.

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The proposed expansion to the program will serve 90 clients countywide and will cover the cost of adding full-time bilingual Spanish/English Licensed Clinical Social Workers per Region and two hubs (one (1) for East/South Region and one (1) for North Region). Neither has fiscal impact on the already cost per client.

In order to establish the effectiveness of CREST we will randomize clients to the active community treatment as usual control group. After 6 months of ongoing monthly assessments the clients will be offered the CREST program.

5. Population

- a) Number served- Current target is 30 clients; proposed will increase target to 90 clients
- b) Target groups- Older adults (60 and older), identified as exhibiting serious mental illness with serious hoarding behaviors.

6. Innovative Component

There is little research about treatment for hoarding behaviors in older adults; nevertheless, late life hoarding is a serious psychiatric and community problem that draws considerable attention from stakeholders through community feedback. A recent study written in the American Journal of Geriatric Psychiatry (March 2017) included an objective of estimating age-specific prevalence, in males and females using a large population-based sample (N = 15,194 and the age range 15-97). The results were “prevalence of provisional Hoarding Disorder diagnoses increased linearly by 20% with every 5 years of age...”. There is also a lack of awareness and reporting from those who might be able to identify persons with at risk hoarding behaviors before a crisis develops which would allow the time required for significant improvement to be demonstrated. Furthermore, there are few trained professionals that have specialized expertise in this area, for any adult much less older adults, and fewer still are willing or able to make house calls to coach individuals to de-clutter and/or teach them new skills to manage compulsive hoarding. This program design addresses these issues and further, provides case management, peer support, family services, collaboration with the older adult’s other treatment professionals, linkage to additional community services and aftercare services with the goal of increasing the number of clients served countywide, decrease in evictions, decrease at risk of homelessness or homelessness and increase in long-term coping skills to avoid hospitalizations and legal issues.

The CREST Community Program has been operating for nearly 18 months and is unique in the county. Early feedback indicates that the CREST services are innovative in that the services address not only the symptoms of hoarding in older adults with serious mental illness by utilizing a cognitive behavioral rehabilitation therapy in the client’s home, but also includes aftercare and peer support, collaboration with primary care providers and linkage to appropriate community supports.

Expanding and extending this project will allow for a promising practice to be field-tested for effectiveness with older adults with serious mental illness and hopefully introduce a new practice or approach that can be replicated countywide and in Spanish/English.

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7. Learning Goals / Project Aims

- a) What is an effective model to treat hoarding behaviors in older adults with serious mental illness?
- b) What are the most effective ways to engage an older adult with serious mental illness to participate in interventions geared for hoarding behaviors?
- c) Are peer supports effective with older adults with serious mental illness who have hoarding behaviors either individually and/or as part of an aftercare support group?
- d) What is the effectiveness of the CREST program compared to community treatment as usual?
- e) Can CREST be effectively delivered in a bilingual/bicultural (Spanish/English, Hispanic/Latinos) format?

8. Evaluation or Learning Plan

This project is expected to add new learning to the mental health field on effective practices to abate hoarding behaviors in older adults with serious mental illness. Research on treatment models for hoarding behaviors is relatively new and there is limited knowledge (usually single case studies) on how to effectively treat the condition in older adults particularly those with serious mental illness. Studies by Dr. Catherine Ayers show that effective hoarding interventions for older adults with serious mental illness require specialized training such as adapted Cognitive Behavior Therapy/Cognitive Restructuring along with home-based coaching. CREST is currently testing this in the field.

The following items will be tracked and measured. The project will be assessed on an annual basis, per fiscal year, and the resultant report will be made available to the County of San Diego's Older Adult Council, composed of older adult stakeholders, for review and questions. The County's internal Performance Outcomes team will also review the reports.

Outcomes to be tracked:

- a) Number of community participants outreached
- b) Number of community participants enrolled in program
- c) Number of reduced hoarding related evictions
- d) Reduce mental health symptoms, compulsive behaviors, and substance use
- e) Improve safety of older adult participant by reducing clutter that poses trip danger, fire and pest infestation potential, unhealthy sanitation and other hazardous conditions
- f) Improve quality of life as measured by participant report and scale
- g) Reduced clutter as evidenced by improved scores on clutter scales (example: recovered a room for intended use) at conclusion of treatment as well as 30, 90, 180 days follow up
- h) Improved quality of life as evidenced by client self-reporting (QOL measure; 1 page)
- i) Improved mental health by Milestones Of Recovery Scale (MORS) or other measure-Recovery Markers Questionnaire (RMQ)

Monitoring, Data Collection, Outcomes and Evaluation

- a) Monthly/Quarterly data tracking reports
- b) Annual data tracking per fiscal year; analysis and recommendation reports
- c) Evaluation of outcomes – Identify outcomes to be tracked per Innovation regulations
- d) Determine role of Quality Improvement

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9. Contracting

Quality and regulatory compliance elements are included in each contract, specific to the funding source and purpose of the service. A Contract Officer's Representative (COR) with Behavioral Health Services assumes responsibility for ongoing monitoring of the contract for compliance and outcomes, working with the Department of Purchasing and Contracting (DPC), along with Administrative Contract Support (ACS). Monitoring includes regular site visits, review of documentation, and oversight of applicable laws and regulations.

Contractors will have a dedicated COR or Program Monitor from Behavioral Health Services who will develop a contract monitoring plan containing activities that will be conducted each year on their Statement of Work (SOW). Monthly/Quarterly COR meetings are routine.

There will be a minimum of four (4) monitoring activities per contract year, including a minimum of one (1) site visit, with subsequent visits, as needed, if identified issues have not been resolved. Monthly/Quarterly COR meetings and site visit activities include but are not limited to deliverables review, technical assistance and consultation, review of fiscal and claim documentation and annual inventory update, emergency planning documentation, corrective action plans, and discussion of strengths and weaknesses of contractor's deliverable outcomes.

There will be monthly/quarterly review of SOW contract deliverables to determine contractor's performance in meeting contract objectives, review contractor exclusion/debarment/Medi-Cal Sanctions lists employee review process as well as a minimum of one in-depth invoice review annually.

A total of 5% of project funds is set aside for evaluation analysis and outcome reporting through an existing contract with the University of California, San Diego.

10. Community Planning

During August through October, 2016, more than 650 individuals participated in BHS' 2016 Community Engagement process: 551 community members and providers at twelve (12) regional forums and more than 100 representatives from targeted populations (Native American, Southeastern San Diego Community, Justice Partners, Male and Female incarcerated individuals and Peer Workers) who attended six special focus groups. Behavioral Health Services (BHS) engaged consultant Hoffman & Clark to facilitate the forums and focus group and analyze feedback. Participants provided commentary through a group process that asks questions aimed at strengthening system capacity by focusing on productive potential.

The focus of the discussions centered around four topics: Children's Behavioral Health; Unserved/Underserved; Care Coordination; and the proposed concepts for Innovation projects, which had emerged from previous years of the Community Planning Process. Statistical analysis of the forum discussions showed 15 "Essential Themes". The themes of Access & Services, Continuum of Care, and Education & Awareness stood out across the three topics and were considered when making decisions for the expansion and extension of existing Innovation programs.

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Throughout the year, BHS' stakeholder-led monthly councils provide a forum for council representatives and the public to stay informed of MHSA programs and offer input. BHS' MHSA Coordination team presented the proposed expansion and extension of existing Innovation programs to the Adult System of Care (ASOC) Council, the Older Adult Council, the Children, Youth and Family System of Care (CYFSOC) Council, and the Housing Council for their input. Stakeholders were asked to complete a community feedback questionnaire individually or as a council. The CYFSOC assigned a sub-committee to consider and provide comment, and the ASOC reviewed the Innovations programs as part of their meeting and provided written feedback. Additionally, BHS utilized an expansive, stakeholder email listserv to distribute the Innovation proposals and provide recipients a Survey Monkey link for their electronic feedback. Furthermore, the proposed Innovation programs were posted on BHS' MHSA website along with the Survey Monkey link for feedback.

11. MHSA Innovative Project Category

- a) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.

12. MHSA General Standards

- a) **Community Collaboration:** The concept for this work plan was developed with participation from older adult stakeholders who are part of the County's Older Adult Council. This program includes the ongoing involvement of clients and family members in roles such as, but not limited to, outreach, implementation, evaluation, and future dissemination. Ultimately, the program strives to create healthier older adults in our community who will not be facing the threat of displacement from their homes or apartments due to hoarding behaviors.
- b) **Cultural Competence:** As defined in CCR, Title 9, Section 3200.100, this program demonstrates cultural competency and capacity to the older adult population by employing a diverse workforce to relate to the multiple ethnicities residing in the primary target region where services are to be provided.
- c) **Client and Family Driven Mental Health System:** This program includes the ongoing involvement of clients and family members in roles such as, but not limited to, implementation, evaluation, and future dissemination. Based on client and family feedback, certain strategies may be added or removed from the program and/or applied in other programs. This system will influence concepts to maintain and increase supports and community activities.
- d) **Wellness, Recovery and Resilience Focus:** This program increases resilience and promotes recovery and wellness for an older adult population at risk of homelessness and physical decline due to safety and sanitary risks associated with compulsive acquisition. The older adults in this project will learn new skills and insight to manage their hoarding behaviors by reducing clutter in their homes, improving safe access throughout the home, improving social interaction by making their home's appearance more welcoming and by participating in an aftercare group which will also support maintenance of new skills. Older adults will also be educated about the proper use of prescribed medication and safe drinking practices for older adults.
- e) **Integrated Service Experience:** This program encourages and provides for access to a full range of services provided by multiple agencies, programs and funding sources for clients. The program will screen all referrals for mental health and substance use disorders and work to link clients to appropriate services while working to engage qualified clients for

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the hoarding interventions provided directly by this project. Clients will be educated about the range of services available for which they are qualified and linked.

13. Continuity of Care for Individuals with Serious Mental Illness

If the County is not able to continue with this program, Behavioral Health Services will link clients to the appropriate level of care for continued mental health services.

14. INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement

- a) Ensure cultural competence: As defined in CCR, Title 9, Section 3200.100, this program demonstrates cultural competency and capacity to reduce disparities in access to mental health services to improve outcomes and to implement treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations
- b) Ensure meaningful stakeholder participation: Program will ensure that the client identifies the goals important to them for ongoing stability to make certain that treatment planning remains a collaborative process. Continued opportunities are available to engage community members through the System of Care Councils, community forums, etc.

15. Deciding Whether and How to Continue the Project Without INN Funds

- a) Throughout the duration of the project, steps will be taken to review the effectiveness of the approach.
- b) If effective, alternative funding streams will be considered.

16. Communication and Dissemination Plan

- a) Information regarding this project will be disseminated through multiple collaborative groups, such as the Behavioral Health Advisory Board, the Adult System of Care Council, Older Adult Council and Aging Independence Services. Information regarding the program will also be available on the County of San Diego website.
- b) Involvement of program participants and other stakeholders
- c) Five keywords of phrases for this project to assist with search: Caregiver Stress; Caregiver Stigma; Hoarding; Older Adults

17. Budget

- a) Original Total: \$1,331,919
- b) Proposed Addition: \$2,913,159
- c) New Total: \$4,245,077

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Innovative Project Budget by FISCAL YEAR (FY)						
BUDGET TOTALS	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY 19/20	TOTAL
			(Current program and January-June Expansion only)			
			Expansion	Expand and Extend	Expand and Extend	
CREST Base (Central/North Central Region)* (original)	210,887	421,774	421,774	210,887		1,265,322
Countywide S&B			267,957	665,759	876,646	1,810,362
Countywide Operating Costs			25,157	76,341	76,341	177,839
Expansion Indirect Costs			43,967	142,947	142,947	329,861
Other Expenditures - HUBS			89,888	179,776	179,776	449,440
INNOVATION BUDGET SUBTOTAL	210,887	421,774	848,743	1,275,710	1,275,710	4,032,823
Evaluation 5% (original)	11,098	22,199	22,199	11,100		66,596
Proposed Increase Cost to Evaluation 5%			22,472	56,043	67,143	145,658
Total Evaluation	11,098	22,199	44,671	67,143	67,143	212,254
Program Summary						
CREST Base (Central/North Central Region)* (original)	210,887	421,774	421,774	210,887	-	1,265,322
Evaluation 5% (original)	11,098	22,199	22,199	11,100		66,596
Original Total	\$ 221,985	\$ 443,973	\$ 443,973	\$ 221,987	\$ -	\$ 1,331,919
Countywide Extension and Expansion			\$ 426,969	\$ 1,064,823	\$ 1,275,710	2,767,501
Proposed Increase Cost to Evaluation	\$ -	\$ -	\$ 22,472	\$ 56,043	\$ 67,143	145,658
Proposed Addition	\$ -	\$ -	\$ 449,441	\$ 1,120,866	\$ 1,342,853	\$ 2,913,159
New Total	\$ 221,985	\$ 443,973	\$ 893,414	\$ 1,342,853	\$ 1,342,853	\$ 4,245,077

The proposed expansion to the program will serve 90 clients countywide and will cover the cost of adding full-time bilingual Spanish/English Licensed Clinical Social Workers per region and two hubs (one for East/South Region and one for North Region). The salaries in the proposed budget are for full time bilingual Spanish/English Licensed Clinical Social Workers at approximately \$71,000 with 26% benefits rate which is compatible with the other county contracts. Also, neither does the expansion nor extension increase the cost per client of \$14,000 (which was the original approved cost per client). The cost per client is \$4,000 less than that of a client receiving Assertive Community Treatment (ACT) services (\$18,000 cost per client). The current services are more intensive than those received by a Strengths Based Case Management client as CREST almost mirrors those of an ACT client. CREST clients receive wraparound services which include more as many visits with clients as needed to avoid evictions in order to avoid homelessness. Services expand to collaborating with a wide array of community partners such as legal, financial/debt, Code Enforcement, assistance with arranging for cleaning and discarding services, waste removal, pest/vector control, etc. The intensity of these wraparound services is very similar to an ACT model.

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18. Timeline

- a) Proposed extension of program: 1/1/19– 6/30/20 (1 year, 6 months)
- b) Proposed expansion program dates: 1/1/18 - 6/30/20 (2 years, 6 months)
- c) Key activities timeline and milestones:

INN 17 CREST (formerly IM HIP)	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY 19/20
Initial Contract	Jan 2016 (3 yrs) Dec 2018				
Expansion (enhanced services)	Jan 2018 (2.5 yrs) June 2020				
Extension (additional years)	Jan 2019 (1.5 yrs) June 2020				

TARGET DATES	KEY MILESTONES
January, 2018	Existing contract amended to include new regions and scope of services (two full-time bilingual staff per region and two hubs (one in East/South Region and one in North Region) to serve 90 clients countywide).
February, 2018	Target for completion of hiring of staff for amended positions.
June, 2018	Completion of site visit to verify compliance with terms of contract.
July, 2018 - June, 2020	Continuation of regular contract monitoring activities, including review of invoices, performance, and quality standards. Completion of annual reports to include all data elements year to date; analysis of the barriers and successes of the project and recommendations based on lessons learned thus far for the countywide expansion and the use of bilingual staff (Spanish/English). Annual evaluations reviewed by Behavioral Health Services to gauge effectiveness of the program, specific to the target population.
June, 2020	End of pilot program and services.
December, 2020	Evaluation by Behavioral Health Services to determine results and feasibility of integrating into existing programs or replication. Evaluation of total program to include all years concluded. Results to be disseminated.